



Division of Mental Health Services News Bulletin

Housing First

What is home? It may be one's security, a place where one can seek solitude, where one gains a sense of mastery and control away from the outside world's scrutiny, a place where one carries out their daily routine or a place where one can deal with life's everyday stress. It may be where one finds family, acceptance and a sense of belonging to a community. But what if, in your adult life, you never had a home to call your own? Or

lost your home and your family? What if someone told you that you have to live with other people for a while and then you maybe able to get your own place? What if you

were told that you could not work because you had an illness, and had to live on a very limited income in substandard housing?

For individuals living with mental illness, homelessness or fear of losing their housing due to the symptoms of their illness or financial limitations is often a reality. Some individuals living with mental illness are told, their only choice for housing is a congregate living setting like a group home, residential health care facility or

boarding home where they have to be in psychiatric treatment, compliant with medication and sober.

In 1992, Sam Tsemberis developed the innovative Housing First technology to address the issue of homelessness among individuals living with mental illness and addiction in New York City. The Housing First model is based on the belief that housing is a basic right and on a theoretical foundation that emphasizes consumer choice, psychi-

atric rehabilitation and harm reduction. The program addresses homeless individuals' needs from a consumer perspective, encouraging them to define their own needs and goals, and pro-



vides immediate housing without any prerequisites for psychiatric treatment or sobriety. Housing First has achieved housing stability and recovery for persons experiencing chronic homelessness. After studying the model and its outcomes, Housing First was named an evidenced-based practice in March 2008 by the United States Department of Health and Human Services' (DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA).

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Findings of SAMHSA's study established that there were significant positive outcomes in the areas of residential stability, perceived consumer choice in housing and other services, cost of supportive housing and services, and use of support services. From a baseline two year follow up study, Housing First participants spent approximately 80 percent of their time in stable housing versus 30 percent for participants who were assigned to traditional programs that made treatment and sobriety prerequisites for housing.

This study also showed that participants in Housing First accrued significantly lower supportive housing services cost than participants in traditional programs. Also, the overall cost of Housing First is less than some traditional housing options. The further outcomes from the two year follow up study revealed that participants in traditional housing programs reported significantly higher use of substance abuse treatment programs and a significantly larger proportion of time in psychiatric institutions than participants in Housing First. The Housing First model is effective with flexible, individualized support services. In New York, the first "Housing First" program was paired with Assertive Community Treatment services. In other types of Housing First programs, wrap around support services are provided through supportive housing programs, as is the case in New Jersey.



In New Jersey, the Division of Mental Health Services (DMHS) recognizes Housing First as an evidenced-based practice and our supportive housing model embraces the Housing First philosophy. DMHS implemented supportive housing in various forms beginning in 1999.

Currently, over 2400 people receive supportive housing services. One modality of supportive housing offered in New Jersey is Residential Intensive Support Teams (RIST) that assist in obtaining housing for consumers leaving our state hospitals and provide intensive supportive housing services once in the community based on the individual's need. DMHS also provides

tenant-based rental subsidies to approximately 1200 individuals who receive supportive housing services.

Supportive housing and the Housing First model and philosophy are effective,

proven modalities that offer individuals living with mental illness choice, independence and an opportunity to succeed. In New Jersey, DMHS believes in stable housing and that consumer choice is paramount for success. When consumer choice is honored and supported, the outcomes are positive not only for the consumer, but also the mental health system and the communities in which individuals chose to live.

For more information about SAMHSA's Housing First study of this evidenced-based practice, please access this link:

http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=195